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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

March 8, 2007

Present: Carl Britton-Watkins, Wilda Brown, Terry Burgess, Zack Commander, Bill Cook, Kathy Daughtry, Carol DeBerry, Judy Dempsey, Libb Jones, Ron Kendrick, Dorothy O’Neal, Tisha O’Neal-Gamboa, Marian Spencer, Andrea Stevens, David Taylor Jr., Amelia Thorpe and Cynthia Vester.

Absent: Pat Coleman, Fred McClure and David Smitherman.

DMH/DD/SAS Staff Present: Director Mike Moseley, Deputy Director Leza Wainwright, Ann Remington, Cathy Kocian, Adolph Simmons and Jesse Sowa.

Guests: Carolyn Anthony, Martha Brock, Steve Harrington, Debbie Moberly, Adolph Simmons, Judy Taylor and Jesse Willoughby.

<i>Presenter & Topic</i>	<i>Discussion</i>	<i>Action</i>
Welcome: Carl Britton-Watkins SCFAC Chair	<ul style="list-style-type: none">The meeting was called to order at 9:30 A.M.	<p>The agenda was approved with changes.</p> <p>The February 2007 minutes were approved with changes.</p>
Public Comment & Issues Session	<ul style="list-style-type: none">Martha Brock, Protection and Advocacy for Individuals with Mental Illness (PAIMI) Coordinator, gave an overview of PAIMI. In addition, she provided information on the recent Jail Study that was done by staff at UNC-Chapel Hill and UNC-Greensboro. Ms. Brock informed the committee that Representative Verla Insko has introduced recommendations to provide funds for the mentally ill in jails based on the study. Ms. Brock invited SCFAC members to attend PAIMI meetings and notified them that the next meeting is scheduled for April 13, 2007. Further information can be found on the website at www.GACPD.com.Tisha Gamboa-O’Neal reported that Gail Boswell, member of the Edgecombe-Nash-Wilson-Green CFAC, has requested technical assistance from State CFAC for their committee. Tisha relayed information from the local CFAC to SCFAC reports and emphasized the need for LMEs to work with their CFACs on recruitment issues. Discussion included the benefits of having a relational agreement to assist the partnership between the LME/Area Board and the CFAC.Andrea Stevens mentioned the need to teach people how to empower themselves as a group and to advocate for relational agreements. The statute	

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	<p>states, “At the request of either the CFAC or the governing board of the area authority or county program, the CFAC and the governing board shall execute an agreement that identifies the roles and responsibilities of each party, channels of communication between the parties, and a process for resolving disputes between the parties.” Discussion also included issues related to CFAC Liaisons attempting to control and oversee CFACs at the local level which creates problems in some areas. She informed members that the NC Council of Community Programs has posted relational agreements on their website. The Consumer Empowerment Team can also arrange for presentations and trainings at CFACs’ request.</p> <ul style="list-style-type: none"> • Carl Britton-Watkins discussed how the chairs of each SCFAC regional sub-committee would be able to make themselves known at the local level and provide technical assistance to CFAC groups. One of the tasks might be to talk about relational agreements with local CFACs. • SCFAC members discussed the roles and responsibilities of CFAC groups. The statute defines what CFACs shall undertake: <ol style="list-style-type: none"> 1. Review, comment on, and monitor the implementation of the local business plan. 2. Identify service gaps and underserved populations. 3. Make recommendations regarding the service array and monitor the development of additional services. 4. Review and comment on the area authority or county program budget. 5. Participate in all quality improvement measures and performance indicators. 6. Submit to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disabilities, and substance abuse services. 	
<p>Discussion with Division Leadership: Leza Wainwright</p>	<ul style="list-style-type: none"> • Leza provided information about the Legislative Oversight Committee (LOC) and the fact that they are in the process of finalizing their recommendations. Leza informed the committee that, at this time, the LOC intends to recommend increased funding for MH/DD/SA services. Last year the General Assembly came up with a formula that allocated funds based upon the percentage of the people in the catchment area at the federal poverty level. LOC discussion also included MH/DD/SA issues that are ongoing in the jails and the possibility of having representatives designated by LMEs who would be responsible for addressing the MH/DD/SAS needs of inmates. • There is proposed legislation regarding the roles and responsibilities of the 	

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	<p>LMEs pertaining to the delivery of services including restricting the Screening Triage and Referral (STR) function to LMEs. This would mean that the only way a consumer could access services would be to go through the LME. The Division would like to have the LMEs oversee accountability as it relates to providers and to ensure that providers submit information to the LME in a timely manner.</p> <ul style="list-style-type: none"> • SCFAC members strongly opposed single portal entry and recommended that the “no wrong door” policy be upheld. SCFAC members agreed to draft a letter to submit to the LOC and to the General Assembly stating their position. • SCFAC members also discussed the LOC’s Mental Health Trust Fund proposal to allocate those funds to LMEs on a poverty per capita basis. The committee expressed strong opposition and voted in favor of drafting a letter expressing their position. • Bill Cook stated that the ADATC in the Western Region had reduced the number of rehab beds to build detox beds. Leza said that that was the original plan but was no longer the case. Bill said the bed day allocation formula was keeping folks from getting treatment. Leza mentioned that Mike Moseley recently asked for the utilization of ADATCs. The Division is proposing to eliminate bed day allocation for ADATCs. She also said it is the Division’s expectation that consumers will get their first appointment within 7 days of discharge. State CFAC members pointed out that consumers need their first appointment within 24 hours of discharge. • Mike Moseley explained the procedure for the delivery of services. First, the nature and type of disability must be determined. Second, the necessary length of stay must be decided upon. In North Carolina there are legal guidelines that state that a person cannot be held for more than 72 hours if they do not represent a danger to themselves or others. If someone doesn’t want to stay in treatment then the hospitals cannot hold them. In addition, psychiatric hospitals are not intended for substance abuse detox and the hospitals don’t have any legal right to hold people against their will. Mike stated that various departments are reviewing ways to address these issues. The real goal should be to build adequate services to prevent people from entering the higher levels of the system. • Ron Kendrick stated that he is on the Foothills Area Board and that there is a disagreement between the Burke County Commissioners and the Foothills Area Board over who actually owns the Area Program Facility properties. Ron commented on the fact that the properties were bought by tax payers’ money and that the money realized from the transfer of the properties (if it occurs) needs to be directed toward MH/DD/SA services. • Andrea Stevens commented on the Coalition Budget. Leza noted that the Coalition must find Bill sponsors to support their budget recommendations. 	<p>Andrea Stevens will draft a letter opposing single portal entry and Ron Kendrick and Carl Britton-Watkins will create a letter expressing SCFAC’s position regarding the distribution protocol for the Mental Health Trust Fund. The draft letters will be submitted to SCFAC members for review via email prior to the next SCFAC meeting. Members who wish to sign the letters will do so at the April meeting.</p> <p>Leza will provide SCFAC with a copy of the legislation bills.</p>

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<p>Provider Performance Measures: Adolph Simmons</p>	<ul style="list-style-type: none"> • Adolph Simmons, Quality Management Team, gave an overview of the process that is underway regarding Provider Performance Measures. Before a “report card” can be developed, there must be measurements in place. Then, the Division must ensure consistency in provider evaluation standards. All providers will have to regularly submit performance outcome measures according to their contract. • Providers, through the Consumer Satisfaction Survey, are allowed survey opportunities but consumers seem to be uncomfortable with the surveying process. • Some of the questions that need to be asked relate to other issues such as what is being measured, the number of persons being seen, the disability groups being treated, the timeliness of the service delivery and the extent to which the service is effective. • There are standard procedures for endorsing providers and that information can be found in Communication Bulletins #44 and # 47 regarding endorsement of providers to enroll in the Medicaid program. The LMEs will rate providers based on performance contract measures. • SCFAC members reviewed the Performance Report Inventory of Measures and members said that they want a rating system in place for LMEs and providers. • The following LMEs responded to the Division’s request to provide an existing performance measurement template to the Division: <ol style="list-style-type: none"> 1. Sandhills Center for MH/DD/SA Services, 2. Guilford, 3. Pathways, 4. Five County Mental Health Authority, and 5. Piedmont Behavioral Healthcare. • SCFAC members discussed the importance of including consumers in the pilot phase. • The Division asked for SCFAC input on the development of the Division’s Provider Performance Measures. Three SCFAC members volunteered to participate on the workgroup. 	<p>SCFAC requested that Adolph provide information regarding how often services are reviewed and what the process is for reviewing providers.</p> <p>SCFAC members Kathy Daughtry, Andrea Stevens and Cynthia Vester volunteered to work on this project with Division of MH/DD/SAS Quality Management staff, providers, LMEs and CFAC members.</p>
<p>External Advisory Team Update: Judy Dempsey</p>	<ul style="list-style-type: none"> • SCFAC members reviewed rule 10A NCAC 27G.0203, <i>Competencies of Qualified Professionals and Associate Professionals</i>. Medicaid specifies the education requirements, work experience and supervision requirements for professional status. Unlicensed practitioners cannot receive Medicaid reimbursement. SCFAC members had concerns about “privileging” staff and believe that people deserve to receive credit for working in the field. Individuals must present certificates or licenses to potential employers upon request. In addition, licensure boards oversee the credentialing process and 	<p>Carl Britton-Watkins will provide SCFAC members with the privileging checklist.</p>

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	<p>set and enforce the standards for professional status.</p> <ul style="list-style-type: none"> • Discussion included recommendations to the Division regarding a competent workforce. 	Judy Dempsey will compile all of the SCFAC recommendations and route them to the External Advisory Committee.
SCFAC Regional Sub-Committees: Carl Britton-Watkins	<ul style="list-style-type: none"> • Carl Britton-Watkins suggested that once the local CFAC to SCFAC report is developed, SCFAC Regional Sub-Committee Chairs will work with their respective local CFAC groups to provide technical assistance as needed. 	
SCFAC/Local CFAC Communication Template Sub-Committee	<ul style="list-style-type: none"> • Marian Spencer reported that 20 of 29 CFACs have submitted reports to the SCFAC for review. 	<p>Marian Spencer will send out a reminder to the nine CFACs who have not yet submitted their reports.</p> <p>Kathy Daughtry, David Taylor, Jr and Marian Spencer will compile the information received and distribute a summary report at the April SCFAC meeting.</p>
Next Meeting Date	The next meeting is scheduled for April 12, 2007, from 9:30 A.M.–3:00 P.M. Meetings are held at the Holiday Inn North, 2805 Highwoods Blvd., Raleigh.	
April 2007 Meeting Agenda	<p>Approval of the Agenda. Approval of the March 2007 minutes. Discussion with Division Leadership. Public Comment & Issues Session. External Advisory Committee Update. Executive Leadership Team Update. Provider Performance Measures Sub-Committee SCFAC/Local CFAC Communication Template Sub-Committee Diane Steinbeiser, Director Project HEALTH</p>	
Future Discussion	Bob Kurtz, Presentation on the Crisis Intervention Team (CIT) projects	